For WDFW Use Only		STA APPLICATEDUC	TION F		ICATE
Payment Method Cash Check	I attest by my signature below that I successfully completed a hunter education training course in Washington State and that I am eligible to apply for a duplicate hunter education certification card. I understand that any false statement on this application is a violation of law and that I may be prosecuted for perjury.				
BE SURE TO ENCLOSE THE REQUIRED \$8 FEE	Please PRINT clearly. Illegible applications will be returned.				
Department of Fish and Wildlife	Last Name / Maiden Name	First Name	e	Middle Initial	Sex M F
Hunter Education Division Mailing Address: 600 Capitol Way N Olympia, Washington 98501	Mailing Address (This is where your card will be mailed.)				
Physical Address: Natural Resources Building IIII Washington Street S.E. Olympia, Washington 98501	City / State / Zip Code			Daytime Phone	
(360) 902-8112	Please provide below as much information as possible to help us locate your original hunter education information.				
Washington Department of FISH and	Hunter Education Certificate Number			istimate if not known): Of Class Location:	
WILDLIFE WILDLIFE	Mail your check and application form or hand deliver it to us at the address shown on the left.				